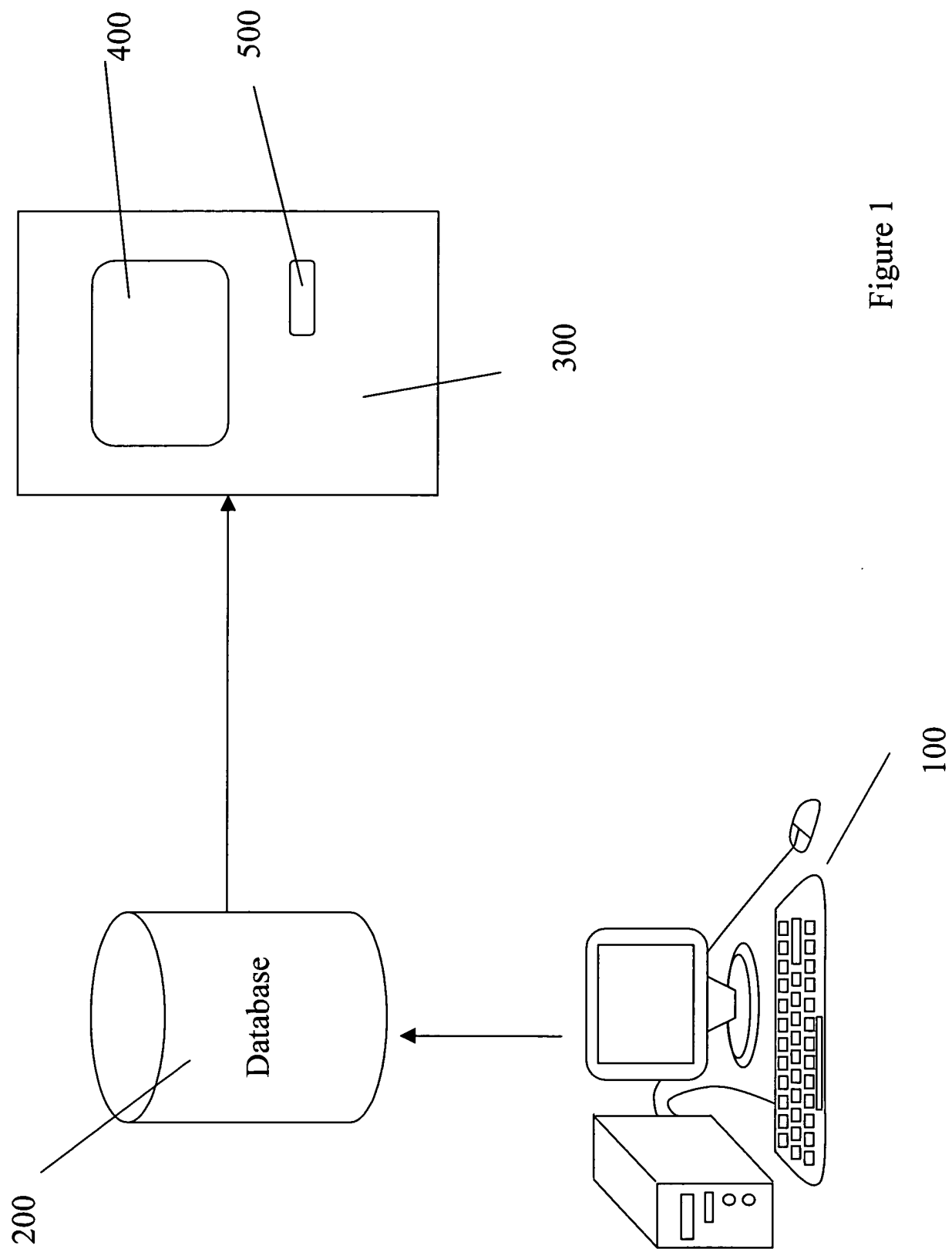


09/738725



600

Graphic

700

Provider Name

Service Name

Date: YY/MM/DD

Time: HH:MM:SS

Qty1 Item Description

Qty2 Item Description

Subtotal:

Tax

S&H

Price

Price

Subtotal

Tax

S&H

Total:

Total

TermID:

CardNo:

RefNo:

Exp:

Approved - Thank You | Not Approved (####)

GST #####

Figure 2

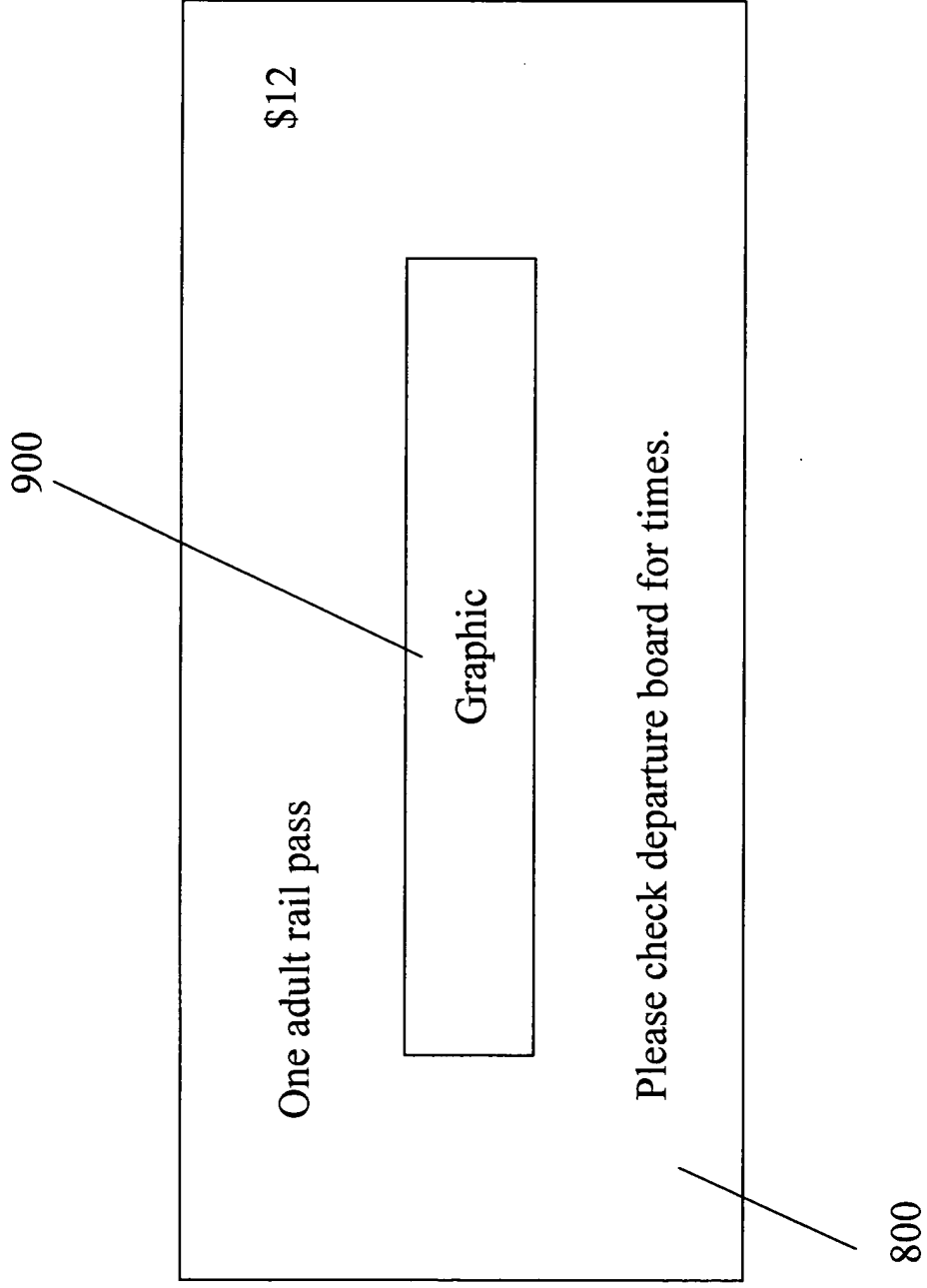


Figure 3